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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>		STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 16 <i>14</i>
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>14</i>		INDEPENDENT CLAIMS 2		
ADDRESS 64280				
TITLE Fast aggregation of compressed data using full table scans				
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	